

**IN THE PROBATE COURT OF MAHONING COUNTY, OHIO
JUDGE TIMOTHY P. MALONEY**

**CORRECTION OF BIRTH RECORD
APPLICATION, FINDING AND ORDER FOR CORRECTION OF BIRTH RECORD**

[R.C. §3705.15; Loc. R. 75.6 (A)]

CASE NO. _____

_____, the Applicant, prays that his/her birth record be corrected in accordance with section 3705.15 of the Ohio Revised Code, as follows:

Applicant's Full Name (at time of birth) _____ [Social Security No. _____]

Place of Birth _____ Date of Birth _____
(City, State, Hospital, Home Address)

Applicant's sex at the time of his/her birth: ☐ Male ☐ Female

Father's Full Name _____ Age of Father (at time of birth) _____

Birthplace of Father _____

Mother's Maiden Name _____ Age of Mother (at time of birth) _____

Birthplace of Mother _____

Item(s) to be corrected or added.

Item _____ reads as _____ should read _____

Item _____ reads as _____ should read _____

(Supplement, if necessary, and attach).

Wherefore the undersigned applicant, being first duly sworn, says that the facts stated in the foregoing Application are true as he/she verily believes.

Applicant's Signature

Full Address

City, State, Zip

Area Code/Phone

Sworn to before me and signed in my presence by the applicant aforesaid this _____ day of _____, 20 ____.

(SEAL)

Notary Public

JUDGMENT ENTRY

The Court, upon consideration of the aforesaid and the evidence submitted, finds that the applicant personally appeared and was examined, that notice of hearing was completed or was dispensed with and Orders that the birth record of applicant be corrected in accordance with the facts hereinabove set forth; and that a certified copy of the Order of the Court be forthwith transmitted to the Director of Health, at Columbus, Ohio, as provided by law.

Hon. Timothy P. Maloney, Judge

I hereby certify the above is a true copy of the application and entry in the foregoing matter.

(SEAL)

Hon. Timothy P. Maloney, Judge

By _____
Deputy Clerk

The State of _____, County of _____:

Affidavit of Physician

I, _____, do hereby certify that I was the physician in attendance at the birth of
(Typed or Printed Name)

_____, the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Attending Physician

Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons, relative or non-relative, having personal knowledge of the facts or by clear and convincing documentary evidence or such other evidence as the Court deems sufficient.

The State of _____, County of _____: Affidavit of _____

I, _____ (Age _____ Years), do hereby certify that I have personal knowledge of the facts stated
(Typed or Printed Name)

in the within application by virtue of _____ and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public

The State of _____, County of _____: Affidavit of _____

I, _____ (Age _____ Years), do hereby certify that I have personal knowledge of the facts stated
(Typed or Printed Name)

in the within application by virtue of _____ and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public